



Application Submittal Requirements for Irrevocable Annexation Agreements (IAA)

Planning Division Community Development Department
5111 Benito Street, P.O. Box 2308 Montclair, CA 91763-2808
(909) 625-9477 www.cityofmontclair.org
PLANNING DIVISION COUNTER HOURS FOR APPROVAL:
MONDAY – THURSDAY 7:00 – 9:00 A.M. & 4:00 – 5:00 P.M.

An application for an Irrevocable Annexation Agreement (IAA) is required. All IAAs require City Council review and approval.

	Completed City of Montclair Development Review Application
	Site Plan (drawn to scale preferred). The plan must show the property in context with the adjacent street and indicate the estimated distance of the lateral from the property to the general location of the existing sewer line in the street drawn on an 8' by 11" sheet.
	Completed Billing Information Form
	Urgency Letter (in the case of septic system failure)
	Copy of Grant Deed
	Copy of government-issued photo ID (driver's license, state identification card, passport)
	Check in the amount of \$950.00 payable to "City of Montclair"
	<p>Check for the Local Agency Formation Commission (LAFCO) Fee related to a:</p> <ul style="list-style-type: none">• Non-Development related project (e.g., for septic tank failure – with an approved IAA)• Development-related project – (e.g. subdivision, new development on vacant land, etc., with an approved IAA) <p><i>*Please Note: LAFCO Fees are separate fees from those paid to the City. LAFCO fees are available at www.sbcrafco.org and are subject to change.</i></p>
	City Sewer Connection Fee. For further information on applicable fees, contact NPDES Coordinator Samantha Contreras at 909-625-9447 or scontreras@cityofmontclair.org

Sample Urgency Letter for Irrevocable Annexation Agreement

(Address)

(City/State/Zip)

(Date)

Planning Division
City of Montclair
5111 Benito Street
Montclair, CA 91763

To Whom It May Concern:

(I/We) are requesting approval to connect to the City of Montclair's sanitary sewer system as soon as possible. The private septic system serving (my/our) (single-family residence/duplex/triplex/etc.) (is failing/has failed), creating a potential health and safety concern on the property.

Sincerely,

(PROPERTY OWNER'S NAME(S))



IRREVOCABLE ANNEXATION AGMT. BILLING INFORMATION

PLANNING DIVISION

COMMUNITY DEVELOPMENT DEPARTMENT

5111 BENITO STREET, P.O. BOX 2308, MONTCLAIR, CA 91763

(909) 625-9477

www.cityofmontclair.org

Case No. _____

Irrevocable Annexation Agreement No. _____

Property Owner Names

Drivers' License # Social Security #

Mailing Address for Sewer Bills

Address/City/State/Zip



Sewer Connection Fee Checklist

City of Montclair Engineering Division

Engineering Division Office (909) 625-9478

Fax (909) 621-1584

www.cityofmontclair.org

Location of Work: _____

Planning Division

Irrevocable Annexation Agreement application complete and accepted

Date: _____ Initials: _____

Irrevocable Annexation Agreement – City Council Approval

Date: _____ Initials: _____

Irrevocable Annexation Agreement – LAFCO Approval

Date: _____ Initials: _____

Building Division

Building Permit Required

Y / N Date: _____ Initials: _____

Building Permit Issued / Payment Received

Date: _____ Initials: _____

Inland Empire Utilities Agency

Inland Empire Utilities Agency Regional Connection Required

Y / N Date: _____ Initials: _____

Inland Empire Utilities Agency Permit Required

Y / N Date: _____ Initials: _____

Inland Empire Utilities Agency Permit/Documentation Verified

Date: _____ Initials: _____

San Bernardino County

San Bernardino County Roadwork Permit(s) verified

Date: _____ Initials: _____

Engineering Department

Construction Permit Required

Y / N Date: _____ Initials: _____

Permit Issued / Payment Received

Y / N Date: _____ Initials: _____

Fees Email Senior Public Works Inspector Jim Diaz at jdiaz@cityofmontclair.org for specific fees

Cost

City Reimbursement Fee / Sewer Connection Fee [Acct. No. 1501-0000-35630-300]

\$ _____

Capital Outlay Fee / CCRA [Acct. No. 1703-0000-21310-208]

\$ _____

Irrevocable Annexation Agreement [Acct. No. 1001-0000-35710-300]

\$ _____

Construction Permit [Acct. No. 1001-0000-33210-300]

\$ _____

Total:

\$ _____

Finance Department

Entered into Springbrook

By _____

Date Entered _____

Effective Date _____

UB Code _____

UB Acct No. _____

MVWD Notified _____



**DEVELOPMENT REVIEW
APPLICATION**
PLANNING DIVISION
COMMUNITY DEVELOPMENT DEPARTMENT
5111 BENITO STREET, P.O. BOX 2308, MONTCLAIR, CA 91763
(909) 625-9477
www.cityofmontclair.org

Case No. _____

Type of Application

<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Parcel/Tract Map _____	<input type="checkbox"/> CUP Amendment
<input type="checkbox"/> Precise Plan of Design	<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Irrevocable Annexation Agreement
<input type="checkbox"/> Variance	<input type="checkbox"/> Zone Change	<input type="checkbox"/> _____

Project Address: _____

Present Use: _____

Assessor's Parcel No(s).: _____

Zone Classification: _____

Applicant: _____

Name (Property owner of record only)

Phone Number

Address

City / Zip Code

Architect: _____

Name

Phone Number

Address

City / Zip Code

Engineer: _____

Name

Phone Number

Address

City / Zip Code

Coordinator: _____

Name

Phone Number

Address

City / Zip Code

Brief description of request: _____

Submittal Requirements (*Plan size – 24"x36")

<input type="checkbox"/> 9 copies plot plan*	<input type="checkbox"/> 20 copies tract / parcel map in compliance with tentative map guidelines	<input type="checkbox"/> Filing fee \$ _____
<input type="checkbox"/> 9 copies building elevations*		950.00
<input type="checkbox"/> 9 copies floor plans*	<input type="checkbox"/> 1 copy preliminary title report	
<input type="checkbox"/> 9 copies landscape plans*	<input type="checkbox"/> Legal description of property	
<input type="checkbox"/> 9 copies sign program*	<input type="checkbox"/> List of property owners within	
<input type="checkbox"/> Colored exhibits / sample board	300-foot radius on labels	
<input type="checkbox"/> CUP / Variance Justification	<input type="checkbox"/> Environmental Assessment checklist	

Signature: _____

(Notarization of signature may be required. If signature is that of the owner's representative, please attach proof of authorization.)

Date: _____

CASHIER VALIDATION